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November 24, 2014

Federal Election Commission 999 E Street, NW Washington, DC 20463

Re: Blue Cross and Blue Shield of Kansas City

Federal Political Action Committee

FEC No. C00301358

FEC Form 3x- October 16, 2014 to November 24, 2014 30; day post-election Report

Dear Sir or Madam:

Enclosed for filing is an original FEC Form 3X- Reports of Receipts and Disbursements, submitted on behalf of Blue Cross and Blue Shield of Kansas City Federal Political Action Committee. This report covers committee activity from October 16, 2014 through November 24, 2014.

If you have any questions, please feel free to contact me at (816)395-2807 or by e-mail at Melissa.panettiere@bluekc.com.

Sincerely,

Melissa Panettiere

Director of Government Relations

Enclosure -

Cc: Coni K. Fries, Committee Treasurer

2301 MAIN STREET KANSAS CITY, MO 64108 **(816) 395-2222 | BluekC.com**



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FEC MAIL CENTER

November 24, 2014

Missouri Ethics Commission 3411-A Knipp Drive Jefferson City, MO 65109

Re: Blue Cross and Blue Shield of Kansas City

Endered Political Action Committee

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FEC Form 3x- October 16, 2014 to November 24, 2014; 30 day post-election report

Dear Sir or Madam:

Enclosed for filing is an original FEC Form 3X- Reports of Receipts and Disbursements, submitted on behalf of Blue Cross and Blue Shield of Kansas City Federal Political Action Committee. This report covers committee activity from October 16, 2014 through November 24, 2014. In accordance with Title II of the code of Federal Regulations, the original of this form has been mailed to the Federal Election Commission.

Thank you for making this document a part of your files. If you have any questions, please feel free to contact me at (816)395-2807 or by e-mail at Melissa.panettiere@bluekc.com.

Sincerely,

Mélissa Panettiere

Director of Government Relations

Enclosure

Cc: Coni K. Fries, Committee Treasurer

2301 MAIN STREET KANSAS CITY, MO 64108 **(816) 395-2222 | BluekC.com**

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FEC FORM 3X

Only

FE7AN014

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

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Rev. 12/2004

TYPE OR PRINT ▼ 1. NAME OF Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. B L U E C R O S S A N D B L U E S H I E L D O F K A N S A S C I T Y Fieidieina 1 Pioilititita all Action Commitite e 2 3 0 1 | M | a | 1 n | | S | t | r | e | e | t | | | | ADDRESS (number and street) Check if different than previously M O 16, 4, 1, Q 8-1 reported. (ACC) $C_{i}i_{i}t_{i}y_{i}$ Kansas STATE ▲ ZIP CODE A CITY A 2. FEC IDENTIFICATION NUMBER ▼ 3. IS THIS **NEW AMENDED** 0,0,3,0,1,3,5,8 REPORT OR (N) (A) 4. TYPE OF REPORT (b) Monthly Nov 20 (M11) ' May 20 (M5) Feb 20 (M2) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 State of Election on Year-End Report (YE) July 31 Mid-Year 30-Day Report (Non-election X General (30G) **POST-Election** Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of 1.0. 1.6. 2.0.1. Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Coni K. Fries Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109. Office FEC FORM 3X Use

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Blue Cross and Blue Shield of Kansas City Federal PAC Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name Blue Cross and Blue Shield of Kansas City Federal PAC Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitermized (iii) TOTAL (add Lines 11(a)(i) and (ii)..................▶ (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.).....

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......▶

18. Transfers from Non-Federal and Levin Funds

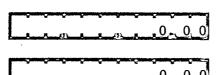
(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

(from Schedule H3).....

(a) Non-Federal Account

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......▶



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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B	
	Operating Expenditures: (a) Allocated Federal/Non-Federal	TOTAL THIS PERIOD	Calendar Year-to-Date	
	Activity (from Schedule H4)			
	(i) Federal Share			
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating			
	Expenditures	00.0	0.00	
	(c) Total Operating Expenditures			
2	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party		$ \phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	
	Committees	0 0 0	0 0	
3.	Contributions to			
	Federal Candidates/Committees and Other Political Committees	3, 0 0 0, 00		
	Independent Expenditures			
-	(use Schedule E)Coordinated Party Expenditures	0,0	$0 \sim 0$	
Э.	(52 U.S.C. § 30116(d)) (use Schedule F)			
	(use Schedule F)	0-0,0	0,0	
6	Loan Repayments Made			
.0.	Loan nepayments wade	0.02 0.0	a_{2}	
	Loans Made	0,00		
	Refunds of Contributions To: (a) Individuals/Persons Other			
	Than Political Committees	00.0	0.0	
	(b) Political Party Committees	0.00	00	
	(c) Other Political Committees			
	(such as PACs)	0.00	0 0	
	(d) Total Contribution Refunds		 	
	(add Lines 28(a), (b), and (c))▶	$0_{3}, 0_{4}$	<u> </u>	
	Out - Bill			
9.	Other Disbursements	$0 \sim 0 \sim 0$	0, 0	
0.	Federal Election Activity (52 U.S.C. § 30101(20)))		
	(a) Allocated Federal Election Activity			
	(from Schedule H6)			
	(i) Federal Share	0.000	00.0	
	(ii) III as dall Obacca			
	(ii) "Levin" Share	0.0.0.0	<u> </u>	
	(b) Federal Election Activity Paid Entirely With Federal Funds		0 0 (
	(c) Total Federal Election Activity (add	<u> </u>	<u> </u>	
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.0	
	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))			
		3, 0, 0, 0, 00	00, 0.5, 0, 0, 0, 0	
2.	Total Federal Disbursements			
1	(subtract Line 21(a)(ii) and Line 30(a)(ii)			
	from Line 31)	3,000.00	17,500.00	
	•			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-COLUMN A COLUMN B **Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans): (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE B	(FEC	Form	3X)
ITEMIZED DIS	BURSE	MENT	S

SCHEDULE B (FEC FOIII 3X)	Line concrete ashedule(s)	FOR LINE NUMBE	R: PAGE 1 OF 1
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	
	Detailed Summary Page	21b 22 27 28	
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ients may not be sold or used e and address of any political	by any person for t committee to solicit	ne purpose of soliciting contributions contributions from such committee.
NAME OF COMMITTEE (In Full)			<u> </u>
Blue Cross and Blue Shield o	f Kansas City Fede	eral PAC	
Bide dross and bide billerd o		ciai ino	
Full Name (Last, First, Middle Initial)			
A. Yoder for Congress		Date	of Disbursement
			(M / D (D / Y) (Y) (Y) (Y) (Y)
Mailing Address 4501_College_Blvd.			0 2 2 2 2 0 1 4
	tate Zip Code		
Leawood K	S 66221		
Purpose of Disbursement		carporphism;	
Contribution		1 1 Amo	unt of Each Disbursement this Period
Candidate Name		Category/	
Kevin Yoder	ant Fan	Туре	1,0.0.0.0.0.0
Office Sought: House Disburser			
	Primary <u>X</u> General Other (specify) ▼		
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Full Name (Last, First, Middle Initial)	······································		
3.		Date	of Disbursement
Pompeo for Congress Inc.		Fu ⁻	M / 6 6 7 / 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Mailing Address		1.	1 0.1 2.0.1.4
P 0 Box 780146			
	tate Zip Code		
Witchita K Purpose of Disbursement	S 67278		
Contribution	[1 1 Amoi	unt of Each Disbursement this Period
Candidate Name	L.	Category/	
Mike Pompeo	,	Type	<u></u>
Office Sought: X House Disbursem	ent For:		
L_1 11	Primary X General		
نسبا ا لببا	Other (specify) 🔻		
State: KS District: 4	·		
Full Name (Last, First, Middle Initial)		Date	of Disbursement
•		84340	or Disbursement
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Duran and Diphorage month			
Purpose of Disbursement] [-	
Candidate Name			unt of Each Disbursement this Period
Carlaidato France		Category/ Type	
Office Sought: House Disbursem	ent For:	.,,po	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			· · · · · · · · · · · · · · · · · · ·
	·	-	
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	3.900.0.0.0.0
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TOTAL This Period (last page this line number only)		············ <u> </u>	3,,0,0,0,0,0,0

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